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22116 7590 11/09/2009  
**SIEMENS CORPORATION**  
**INTELLECTUAL PROPERTY DEPARTMENT**  
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Alice McCorkle	(Depositor's name)
<i>Alice McCorkle</i>	(Signature)
January 26, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/561,682	06/27/2006	Jurgen Hofer	2003P06874WOUS	1185

TITLE OF INVENTION: REMOTE CONTROL FOR ISSUING COMMANDS TO A REMOTE-CONTROLLED DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/09/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
GIRMA, FEKADESELASS	2612	340-825690

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	<input type="checkbox"/> _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 (or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Siemens Aktiengesellschaft - Muenchen, Federal Republic Germany

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>19-2179</u> (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)	<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature Ye Ren Date January 26, 2010

Typed or printed name Ye Ren Registration No. 62,344

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